X /							• ·			
Officehol, Candidate	e,		Type or print in ink.			D-4- 64	100/09/00/07	Manage Commence	SE LONG FORM	
and Controlled Commit					Statement covers period	Date Stamp		FORN		
Campaign Statement -		rm		from	10/20/96	RECE	199	FOR	W 430	
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE			through 12/09/96		95 000 10	niila. on	. 1			
	Check one of the following boxes to indicate the type of statement being filed:			Da	te of election if applicable:	1016710	95 DECTO PH 2page 1			
Pre-election Statement		. 1 1 •	***************************************		(Month, Day, Year)	77 18 4 7 1 1 1 1 18 1			ficial Use Only	
Supplemental Pre-election Staten Special Odd-Year Campaign Repo		npieted Form	495 to this statement.)							
					11/05/96					
Offi				! ,, -			Staten	nent	List any other	
0.111							Jacen	icit	. List any other	
Margaret Reed Talbot OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER	IF APPLICABLE)			COMMITTEE NAME		***************************************		I.D. NUMBER	
Lodi City Council		,								
RESIDENTIAL OR BUSINESS ADDRESS	(NO. AND STREET)		,		NAME OF TREASURER				AOLLED COMMITTEE?	
1221 Lakewood Dr.:		30.505					·		YES NO	
Lodi,	STATE C A	21P CODE 95240	(209)368-900	2	COMMITTEE ADDRESS	(NO. AND STREET)				
COMMITTEE NAME	O A	77240	I.D. NUMBER	2	СПУ	STATE	ZIP CODE	AREA C	ODE/DAYTIME PHONE	
COMMITTEE ADDRESS	(NO. AND STREET)									
1221 Lakewood Dri	v e									
Lorraine Thompson										
PERMANENT ADDRESS OF TREASURER	(NO. AND STREET)				CITY	STATE	ZIP CODE	AREA C	ODE/DAYTIME PHONE	
1221 Lakewood Dri	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE							
Lodi	C A	95240	(209) 368-900	2	Attach additional Information	n on appropriately labele	ed continuation	n shee	ts.	
III Verification I have used all reasonable diligence in true and complete. I certify under pe Executed on 12/09/96 DATE	n nranaring this st	atement Iha	ive reviewed the statement	and to th	he hest of my knowledge the inf	formation contained here	ain and in the	attachi	ad schadulas is	
true and complete. I certify under pe	nalty of perjury u	inder the laws	of the State of California th	at the fo	regoing is true and correct.	La . Oa-	em and in the a	, ccaciie	ed schedules is	
Executed on 12/09/96	. At <u>Lodi</u>	. CAlif	ornia		By Moraine S	10myso-	10.0			
An officeholder or candidate who co									r has used all	
reasonable diligence in preparing thi	s statement. I hav	ve reviewed th	ne statement and to the best	t of my k	nowledge the information cont	ained herein and in the a	ttached sched	ules is	true and	
complete. I certify under penalty of p				regoing i	s true and correct.	DOOD TO TO				
Executed on 12/09/96 DATE	At Lodi		ND STATE		By ///acquer	SIGNATURE OF CANDIDATE/O	FFICEHOLDER			
Executed on At				By						
DATE	٨٠	CITY A	ND STATE		Ву	SIGNATURE OF CANDIDATE/O	PFFICEHOLDER			
Executed onOATE	At	CITY A	ND STATE			SIGNATURE OF CANDIDATE	FFICEHOLDER			
FOR INFORMATION REQUIRED TO BE PROVIDED T	O YOU PURSUANT TO	THE INFORMATIO	N PRACTICES ACT OF 1977, SEE INFOR	MATION	MANUAL ON CAMPAIGN DISCLOSURE PRO	VISIONS OF THE POLITICAL REFO	AM ACT			

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SUMMARY PAGE Campaign Disclosure Statement Type or print in ink. Amounts may be rounded Statement covers period Summary Page to whole dollars. from 10/20/96 through 12/09/96 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE 962506 Committee To Elect Maggie Talbot Column C Contributions Received Column A Column B* TOTAL THIS PERIOD TOTAL PREVIOUS PERIOD TOTAL TO DATE (ADD COLUMNS A + B) (FROM ATTACHED SCHEDULES) (SEE NOTE BELOW) 854.00 854.00 2. Loans Received Schedule B. Line 7 θ 3. SUBTOTAL CASH CONTRIBUTIONS Add Unes 1 + 2 \$ θ A Non-monetary Contributions Schedule C, Line 3 Α SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Unes 3 + 4 \$ θ **Enforceable Promises** (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7 854,00 854.00 7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6 \$ **Expenditures Made** 8. Cash Payments (Other than Loans Made) Schedule E, Une 5 \$ 854.00 109.50 θ Schedule H, Line 7 9. Loans Made 744.50 854.00 109.50 10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9 θ 11. Accrued Expenses (Unpaid Bills) Schedule F, Une 5 854.00 744.50 109.50 12. TOTAL EXPENDITURES MADE Add Lines 10 + 11 \$ **Current Cash Statement** 109.50 13. Beginning Cash Balance Previous Summary Page, Line 17 \$ * From previous Statement Summary Page, Column C. However, If this is the first report filed for the calendar year, Column B should be 14. Cash Receipts Column A, Une 3 above blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11). θ 15. Miscellaneous Increases to Cash Schedule I. Line 4 16. Cash Payments Column A, Line 10 above 109.50 Summary for Candidates in Both June and 17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 & **November Elections** ENDING CASH BALANCE SHOULD If this is a termination statement, Line 17 must be zero. NOT BE A NEGATIVE AMOUNT 1/1 through 6/30 7/1 to Date 18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b) \$ 21. Contributions 854.00 Received

22. Expenditures Made

854.00

Cash Equivalents and Outstanding Debts

Schedule A Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

	JĊHEDULE A
Statement covers period	DALIFORNIA / CO
rom 10/20/96	high axelands and way

through 12/09/96

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

962506

				902.	500
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
					1
		SUBTOTAL \$	6		
Monetary Co	ontributions Summary				
1. Amount rece	eived this period — contributions of \$100 or more. chedule A subtotals.)				
2. Amount rece (Do not item	eived this period — contributions of less than \$100. ize.)			\$ <u> </u>	
3. Total monet (Add Lines 1	ary contributions received this period. and 2. Enter here and on the Summary Page, Column A, Lin	ne 1.)	TOTAI	\$ <u>θ</u>	

Schedule_ Payments and Contributions (Other Than Loans) Made

Type or print in ink. Amounts may be rounded . to whole dollars.

	3CHEDULE E
Statement covers period	CARLERINA / O N
from10/20/96	- 1994 (a) RVA - 4.2 C
through <u>12/09/96</u>	Page4 of4
	I.D. NUMBER

962506

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect Maggie Talbot

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" MONETARY AND IN-KIND (NON-MONETARY) **CONTRIBUTIONS TO OTHER CANDIDATES**
- "B" BROADCAST ADVERTISING

"G" - GENERAL OPERATIONS AND OVERHEAD.

- AND COMMITTEES
- "N" NEWSPAPER AND PERIODICAL ADVERTISING

"T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

- "I" INDEPENDENT EXPENDITURES
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "P" PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

- "L" LITERATURE
- "F" -- FUNDRAISING EVENTS

"O" - OUTSIDE ADVERTISING

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.		IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.					
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	CODE OR DESCRIPTION OF PAYMENT			AMOUNT PAID		
Coloring Book 404 W. Lodi Avenue Lodi, CA 95240	L				6.47		
Lodi News Sentinel 125 N Church Street Lodi, CA 95240	N				84.15		
General Operation Expenses Bank Charges (Checks, Misc. Charges)	G				18.88		
Important: Contributions and expenditures made out of campaign funds officeholders, candidates, committees, or ballot measures must also be en	to or on beha tered on the	alf of other Allocation Pag	e, Part I. SUB	TOTAL \$	109.50		
Payments and Contributions Made Summary							
1. Payments made this period of \$100 or more. (Include all Schedule E subto	otals.)			\$	109.50		
2. Payments made this period of under \$100. (Do not itemize.)		• • • • • • • • • • • • • • • • • • • •		, \$ _	θ		
3. Total interest paid this period on outstanding loans. (Enter amount from	Schedule B,	Part II, Column	(d).)		θ		
4. Total accrued expenses paid this period. (Do not itemize. Enter amount	from Schedu	le F, Line 4.) .		· · · · · · · · \$	θ		
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here an	nd on the Sun	nmary Page, Co	olumn A, Line 8.)	- + TOTAL \$	109.50		